

Quarterly Wage Reporting

Requirements for Submitting "Test Data"

The certification process **requires** you to send in a "TEST"

cartridge or diskette (Media will not be returned to you). All media received must have an **EXTERNAL LABEL** clearly marked "TEST", along with the returned address and Federal ID#.

Upon receipt, the department will test run the media to ensure that it meets the technical and format requirements listed. This certification process ensures processing compatibility as well as providing an opportunity to resolve any technical difficulties prior to actual wage reporting. You will be contacted by letter authorizing you to start sending media in production, when your "TEST" has processed correctly.

It is required that you continue your current form of wage reporting until you have been granted authorization by the Department of Workforce Development.

Technical Requirements for Magnetic Tapes Cartridges

Data must be written either on 1/2 inch, 9-track magnetic tapes, odd parity in non-compressed mode. Only 3480 type cartridges are accepted. 3480 type cartridge tapes are highly preferred since the agency may not be able to support 9-track tapes sometime in the future.

The tape can be labeled or unlabeled. An unlabeled tape is highly preferred.

The recording density for the 9-track tape must be 1600 BPI or 6250 BPI. A recording density of 6250 BPI is preferred. The acceptable recording density for a 3480 cartridge is 38,000 BPI.

The tape must be in (EBCDIC) or (ASCII) code. A tape recorded in EBCDIC is preferred. Lower case letters are not acceptable.

Each logical record on the tape must be 275 or 276 characters. A record of 275 is preferred.

The blocking factor must be 1 to 85 records. The preferred blocking factor is 25 records. The blocking factor cannot exceed 23,375 or 23,460 characters respectively. Variable blocks are not acceptable.

Technical Requirements for 3.5 Diskettes

The diskette must be created using an MS-DOS (or compatible) "double density" or "high density" operating system format.

All diskettes **must** be externally labeled with Transmitter's name, return address and Federal ID#. Federal ID#, is also **required** in field A3 of the Transmitter Record.

The file on the diskette must be UIWAGE.TXT and located in the root directory.

The diskette must not contain more than one file. When more than one file of wage data is being submitted (i.e., separate reporting quarters), separate diskettes are required.

Transmitters of wage data for multiple employers are to avoid creating separate file for each employer. The record formats designed by ICESA allow the reporting of multiple employers in the same quarter.

The file must be in ASCII code. EBCDIC or any other code is not acceptable for diskette reporting.

The file must be in unpacked/non-compressed mode.

Each logical record on the file must be 275 characters.

Record delimiters must be used. A carriage return character and a line feed character must be placed in positions 276 and 277 respectively.

The record delimiter must consist of two characters and those two characters must be carriage return and line feed.

The ASCII hexadecimal value for the carriage return character is 0D(zero and letter D); the ASCII hexadecimal value for the line feed is 0A (zero and letter A). The ACSII decimal values for the two characters are 13 and 10, respectively.

Do Not Place A Delimiter Before The First Record Of The File Nor After The Last Record Of The File. Do Not Place More Than One Set Of Delimiters For A Given Record.

Multiple-volume submission:

A multiple-volume diskette submission occurs when the amount of data exceeds the capacity of a single diskette.

Strict rules must be followed when submitting a file on multiple diskettes.

The file on the first volume (diskette) must be UIWAGE.TXT with each additional volume sequenced as UIWAGE2.TXT, UIWAGE3.TXT, UIWAGE4.TXT, etc.

The first volume must begin with the Code A record.

Each additional volume must start with the record following the last record of the previous volume.

The last volume must end with the Code F record.

If you have any further questions please feel free to contact **Michelle Hepworth at 317-232-3452 or 317-233-6127.**

The UC-1 and the Magnetic media are sent to two different addresses. Please see below.

MAILING ADDRESS FOR MAGNETIC MEDIA ONLY:

**INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
ATTN: DATA CENTER RM. SE003
10 N. SENATE AVE
INDIANAPOLIS, IN. 46204**

UC-1 MAILING ADDRESS ONLY:

**INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
P.O. BOX 7054
INDIANAPOLIS, IN. 46207-7054**

ICESA RECORD LAYOUTS_RECORD TYPE A - TRANSMITTER RECORD

:	ICESA Field Name	Required ?	Location	Length	Comments
A1	Record Identifier	YES!	1 - 1	1	Constant "A"
A2	Year		2 - 5	4	
A3	Transmitter's Federal EIN	YES!	6 - 14	9	
A4	Taxing Entity Code		15 - 18	4	
A5	Blanks		19 - 23	5	
A6	Transmitter Name	YES!	24 - 73	50	Please provide as much information as possible in fields A6 through A9 and fields A11 through A15. The address and the contact information should be The individual or group or reliable liaison who can handle technical questions concerning the transmitted file, the data and the media being submitted. A10 is ignored by Indiana. A12 includes a leading dash.
A7	Transmitter Street Address	YES!	74 - 113	40	
A8	Transmitter City	YES!	114 - 138	25	
A9	Transmitter State	YES!	139 - 140	2	

A10	Blanks		141 - 153	13	
A11	Transmitter Zip Code	YES!	154 - 158	5	
A12	Transmitter Zip Code Extension	YES!	159 - 163	5	
A13	Transmitter Contact	YES!	164 - 193	30	
A14	Transmitter Contact Telephone Number	YES!	194 - 203	10	
A15	Telephone Extension/ Box	YES!	204 - 207	4	
A16	Media Transmitter/ Authorization Number		208 - 213	6	
A17	C-3 Data		214 - 214	1	
A18	Suffix Code		215 - 219	5	
A19	Allocation Lists		220 - 220	1	

A20	Service Agent I.D.		221 - 229	9	
A21	Total Remittance Amount		230 - 242	13	
A22	Media Creation Date		243 - 250	8	
A23	Blanks		251 - 275	25	

*** Please note that the fields not required are at the discretion of the transmitter. The fields not required are simply ignored by the State of Indiana.**

RECORD TYPE B - AUTHORIZATION RECORD

	ICESA Field Name	Required?	Location	Length	Comments
B1	Record Identifier	YES!	1 - 1	1	Constant "B"
B2	Payment Year		2 - 5	4	
B3	Transmitter's Federal EIN		6 - 14	9	
B4	Computer		15 - 22	8	
B5	Internal Label		23 - 24	2	
B6	Blank		25 - 25	1	
B7	Density		26 - 27	2	
B8	Recording Code		28 - 30	3	
B9	Number of Tracks		31 - 32	2	
B10	Blocking Factor		33 - 34	2	
B11	Taxing Entity Code		35 - 38	4	
B12	Blanks		39 - 146	108	
B13	Organization Name	YES!	147 - 190	44	Please provide as much information as possible in fields B13 through B16 and fields B18 and B19. The name and address should be the employer or service agent responsible for the data found on the transmitted media.
B14	Street Address	YES!	191 - 225	35	
B15	City	YES!	226 - 245	20	
B16	State	YES!	246 - 247	2	
B17	Blanks		248 - 252	5	
B18	Zip Code	YES!	253 - 257	5	
B19	Zip Code Extension	YES!	258 -	5	

			262		
B20	Blanks		263 - 275	13	

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RECORD TYPE E - EMPLOYER RECORD

	ICESA Field Name	Required?	Location	Length	Comments
E1	Record Identifier	YES!	1 - 1	1	Constant "E"
E2	Payment Year	YES!	2 - 5	4	The year in which wages are being reported. - must be numeric - right justified
E3	Federal EIN		6 - 14	9	
E4	Blanks		15 - 23	9	
E5	Employer Name	YES!	24 - 73	50	The employer's name Matching the reporting wages.
E6	Employer Street Address		74 - 113	40	
E7	Employer City		114 - 138	25	
E8	Employer State		139 - 140	2	
E9	Blanks		141 - 148	8	
E10	Zip Code Extension		149 - 153	5	
E11	Zip Code		154 - 158	5	
E12	Blank		159 - 159	1	
E13	Type of Employment		160 - 160	1	
E14	Blocking Factor		161 - 162	2	
E15	Establishment Number or Coverage Group/PRU		163 - 166	4	
E16	Taxing Entity Code		167 - 170	4	
E17	State Identifier Code		171 - 172	2	
E18	Insurance Account Number	YES!	173 - 187	15	Assigned by the State of Indiana to the Employer. The first 6 positions are numeric, the 7th is alphabetic or space and the last 8 are spaces.

E19	Reporting Period	YES!	188 - 189	2	The 3rd month of the quarter in which wages are being reported. - must be numeric - zero filled - right justified
E20	No Workers/No Wages		190 - 190	1	
E21	Tax Type Code		191 - 191	1	
E22	Taxing Entity Code		192 - 196	5	
E23	State Control Number		197 - 203	7	
E24	Unit Number		204 - 208	5	
E25	Blanks		209 - 255	47	
E26	Foreign Indicator		256 - 256	1	
E27	Blanks		257 - 257	1	
E28	Other EIN		258 - 266	9	
E29	Blanks		267 - 275	9	

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RECORD TYPE S - EMPLOYEE RECORD

	ICESA Field Name	Required?	Location	Length	Comments
S1	Record Identifier	YES!	1 - 1	1	Constant "S"
S2	Social Security Number	YES!	2 - 10	9	The employee's social security number. Zeroes if not known by the employer. - must be numeric - zero filled - right justified
S3	Employee Last Name	YES!	11 - 30	20	The employee's last name.
S4	Employee First Name	YES!	31 - 42	12	The employee's first name.
S5	Employee Middle Initial	YES!	43 - 43	1	The employee's middle initial.
S6	State Code	YES!	44 - 45	2	Constant "18"
S7	Filler		46 - 49	4	Blank
S8	State QTR Total Gross Wages		50 - 63	14	
S9	State QTR	YES!	64 - 77	14	Total gross wages

	Unemployment Insurance Total Wages				earned during the quarter. - must be numeric - greater than zero - zero filled - right justified - 2 decimal positions
S10	State QTR Unemployment Insurance Excess Wages		78 - 91	14	
S11	State QTR Unemployment Insurance Taxable Wages		92 - 105	14	
S12	State QTR Disability Insurance Taxable Wages		106 - 120	15	
S13	Quarterly TIP Wages		121 - 129	9	
S14	Number of Weeks Worked		130 - 131	2	
S15	Number of Hours Worked		132 - 134	3	
S16	Filler		135 - 142	8	
S18	Taxing Entity Code		143 - 146	4	
S19	State Unemployment Insurance Account Number	YES!	147 - 161	15	Assigned by the State of Indiana to the Employer. The first 6 characters are numeric, the 7th is alphabetic or space, the 8th is space, 9 through 11 is the location number and the last 4 are spaces.
S20	Unit/Division Location/Plant Code		162 - 176	15	
S21	State Taxable Wages		177 - 190	14	
S22	State Income Tax Withheld		191 - 204	14	
S23	Seasonal Indicator	YES!	205 - 206	2	Assigned by the State of Indiana to the employer when seasonal wages are involved, otherwise it

					is zeroes. - must be numeric - zero filled - right justified
S24	Employer Health Insurance Code		207 - 207	1	
S25	Employee Health Insurance Code		208 - 208	1	
S26	Probationary Code		209 - 209	1	
S27	Officer Code		210 - 210	1	
S28	Wage Plan Code		211 - 211	1	
S29	Month 1 Employment		212 - 212	1	
S30	Month 2 Employment		213 - 213	1	
S31	Month 3 Employment		214 - 214	1	
S32	Reporting Quarter and Year	YES!	215 - 220	6	The 3rd month of the quarter in which the wage is being reported I.E. "031995" -must be numeric -zero filled -right justified
S33	Date First Employed		221 - 226	6	
S34	Date Of Separation		227 - 232	6	
S35	Blanks		233 - 275	43	

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RECORD TYPE T - TOTAL RECORD

	ICESA Field Name	Required?	Location	Length	Comments
T1	Record Identifier	YES!	1 - 1	1	Constant "T"
T2	Total Number of Employees	YES!	2 - 8	7	The total number of "S" records since the last "E" record. - Must be numeric - zero filled - right justified
T3	Taxing Entity Code		9 - 12	4	
T4	State QTR Total Gross Wages for Employer		13 - 26	14	
T5	State QTR	YES!	27 - 40	14	The total sum of State

	Unemployment Insurance Total Wages for Employer				QTR Total Gross Wages for all "S" records since the last "E" record. - must be numeric - zero filled - right justified - 2 decimal positions
T6	State QTR Unemployment Insurance Excess Wages for Employers		41 - 54	14	
T7	State QTR Unemployment Insurance Taxable Wages for Employer		55 - 68	14	
T8	Quarterly TIP Wages for Employer		69 - 81	13	
T9	U.I. Tax Rate This Quarter		82 - 87	6	
T10	State QTR U.I. Taxes Due		88 - 100	13	
T11	Previous QTR(s) Underpayment		101 - 111	11	
T12	Interest		112 - 122	11	
T13	Penalty		123 - 133	11	
T14	Credit/Overpayment		134 - 144	11	
T15	Employer Assessment Rate		145 - 148	4	
T16	Employer Assessment Amount		149 - 159	11	
T17	Employee Assessment Rate		160 - 163	4	
T18	Employee Assessment Amount		164 - 174	11	
T19	Total Payment Due		175 - 185	11	
T20	Allocation Amount		186 - 198	13	
T21	Wages Subject to State Income Tax		199 - 212	14	
T22	State Income Tax Withheld		213 - 226	14	
T23	Month 1 Employment for		227 - 233	7	

	Employer				
T24	Month 2 Employment for Employer		234 - 240	7	
T25	Month 3 Employment for Employer		241 - 247	7	
T26	County Code		248 - 250	3	
T27	Outside County Employees		251 - 257	7	
T28	Document Control Number		258 - 267	10	
T29	Blanks		268 - 275	8	

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RECORD TYPE F - FINAL RECORD

	ICESA Field Name	Required?	Location	Length	Comments
F1	Record Identifier	YES!	1 - 1	1	Constant "F"
F2	Total Number of Employees in File	YES!	2 - 11	10	The total number of "S" records. - must be numeric - zero filled - right justified
F3	Total Number of Employers in File	YES!	12 - 21	10	The total number of "E" records. - must be numeric - zero filled - right justified
F4	Taxing Entity Code		22 - 25	4	
F5	Quarterly Total Gross Wages in File		26 - 40	15	
F6	Quarterly State Unemployment Insurance Total Wages in File	YES!	41 - 55	15	The total sum of State QTR Total Gross Wages for all "S" records. - must be numeric - zero filled - right justified - 2 decimal positions
F7	Quarterly State Unemployment Insurance Excess Wages in File		56 - 70	15	
F8	Quarterly State Unemployment Insurance		71 - 85	15	

	Taxable Wages in File				
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F9	Quarterly Disability Insurance Taxable Wages in File		86 - 100	15	
F10	Quarterly TIP Wages in File		101 - 115	15	
F11	Month 1 Employment for Employer in File		116 - 123	8	
F12	Month 2 Employment for Employer in File		124 - 131	8	
F13	Month 3 Employment for Employer in File		132 - 139	8	
F14	Blanks		140 - 275	136	

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